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With the Author's Compliments.]

REMARKS

ON

THE LUNACY LAWS, AS ALSO ASYLUMS,

OF

Scotland and France,

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1. LUNACY LAWS IN SCOTLAND.—In former numbers of the "Psychological Journal" I communicated an account of various visits made to public asylums for the insane in France, which were repeated during subsequent years, although not published, from entertaining the opinion that, any additional data then collected would have too much resembled previous statements, to make them sufficiently interesting. Last autumn my sphere of observation was changed. Then I visited Scotland, in order to inspect different institutions for lunatics in that part of the Empire: as well to obtain correct information respecting their organization and management, as also to compare these national establishments with asylums of other countries. Believing an outline of my proceedings might prove acceptable, I would therefore remark that, six public institutions were examined,—namely, Edinburgh, Glasgow, Perth, Dundee, Montrose, and Aberdeen: upon each of which I propose giving a brief notice, wherein it will be my object to detail facts, rather than to enunciate opinions, so that readers shall thereby be enabled to form their own conclusions, regarding the different establishments thus brought under review.

However, instead of now adverting to any of the institutions above mentioned, some notice of the laws applicable to lunatics in North Britain will likely seem more appropriate, especially to members of the medical profession resident in England: many of whom, perhaps, may not be fully cognizant of the legal enactments respecting insane persons, and the administration of asylums throughout Scotland. With the view of enabling psychological jurists to study this im-

portant subject more minutely, than could be given by any cursory statement on the present occasion, I would observe that, the following Acts of Parliament, recently passed in reference to the insane, may be consulted advantageously; since, by these statutes Scottish lunatic establishments, or *madhouses*, according to parliamentary phraseology—but which improper designation ought to be revised—are now regulated: whilst “fatuous or furious persons or “lunatics,” are taken care of and treated throughout the country. The Acts here referred to are,—1st, the 55th of George III, cap. 69; 2nd, the 9th of George IV., cap. 34; and 3rd, the 4th and 5th of Victoria, cap. 60: each of which will repay perusal.

Considering it unnecessary to discuss at much length the various clauses of the above enactments, I would for the present observe that, no person can be received into any public hospital or asylum for the insane in Scotland, without a warrant from the sheriff of the county, or his substitute: upon the petition of some relative or friend of the lunatic, which specifically states the party named therein “is in such a state of mental derangement, as to require treatment in a lunatic asylum.” This document must be accompanied by the certificate of some legally-qualified medical practitioner, who declares, *on soul and conscience*, that, to the best of his belief and knowledge, the patient designated is insane, and a proper person for admission. Where no legally-qualified medical practitioner can be procured to put his name to the required certificate, it will then be sufficient if signed by any medical man of character whom the sheriff may think proper to employ: not being the appointed officer of the asylum to which it is proposed to send the lunatic.

Such are the chief formalities, requisite prior to the reception of a lunatic patient into any licensed house. But in reference to private individuals who take charge of single maniacs, it is enacted by the 9th of George IV., that no person shall receive into his exclusive care and maintenance, except a relative, any one insane patient, without first having an order, and certificate signed by *two* medical practitioners: copies of which the householder receiving such single lunatic must transmit to the sheriff of the county in which he resides, within five days after the party's reception, accompanied by a statement correctly designating the parish wherein the house is situated, and also the name of its occupier. Afterwards, annually, on or within seven days of the 1st of January, a certificate should be forwarded to the sheriff, signed by two physicians or surgeons, describing the then state of such insane person; and lastly, if the party die, or be removed elsewhere, these events are to be forthwith notified to the sheriff. Besides the above essential formalities, any individual incurs a penalty of £.50 who receives into his house an insane person, contrary to this enactment.

Although the clauses now specified embody the principal regu-

lations respecting lunatic asylums, nevertheless, believing some readers of this paper might desire to possess more precise knowledge respecting the law generally, in Scotland, with reference to lunatics, particularly those who have not the Acts above quoted, or any legal publication upon the subject in their library, even at the risk of being reckoned tedious, I would subjoin the following additional remarks to illustrate these questions.

According to the several statutes previously mentioned, no one can, under a penalty of £.200 and expenses, keep an asylum for lunatics, without a licence from the sheriff of the county or his substitute, which must be renewed yearly: a certain sum being charged upon every mad person therein specified, both for the first granting, and each annual subsequent renewal of such licence. Further, all sums so received form part of the "*rogue money*" of the county, as ordered by fiat of Parliament. The last regulation seems, to say the least, a most extraordinary application of monies thus obtained. It looks as if classing the insane actually with rogues. Nay, like ancient proceedings, when lunatics were consigned to prisons, and there treated the same as vagabonds or criminals. Of this kind, examples were formerly too frequent: although, thanks to the present enlightened views entertained by all classes, such harsh treatment is now repudiated, and a more humane mode is happily pursued, almost universally. This reality having been acquired, even the semblance of connecting asylums with law-breakers, in any way, should be always avoided. Therefore, making the proceeds obtained from granting licences to institutions for the insane form part of such a fund as county rogue money, is most objectionable, and ought to be altered forthwith.

Besides being invested with other official functions, as already stated, sheriffs are directed to use all means for ascertaining whether persons placed in asylums ought to be detained therein, and to make such order for the lunatic's care, or confinement, or liberation, as circumstances require. They may also commit vagrant maniacs. Again, no person can be admitted into any institution for the insane, without a sheriff's order; whilst every individual receiving a lunatic into his house, to be treated or confined, without such authority or licence, forfeits £.200 and expenses, *toties quoties*. Further, every medical practitioner giving any certificate of lunacy, without having taken proper means for ascertaining the fact, forfeits £.50 and expenses. Lastly, asylums are inspected twice a year. Once by the sheriff or his substitute, and once by the sheriff in person, with such medical man, or others, as he thinks should accompany him on that occasion.

Various books or registers ought to be kept in every licensed house, which must be produced to the inspectors, who insert the date of their inspection, together with any observations they deem expedient. The sheriff may recall any licence upon a report of two

authorized inspectors. He can likewise make fitting rules for the management of asylums, and enforce the same with penalties, not exceeding £.10 for each offence. Houses of reception having 100 patients must have a resident physician or surgeon. But if the institution contains fewer inmates, unless kept by a physician or surgeon, it should be visited twice weekly by a qualified medical practitioner. Such visiting or resident physicians or surgeons being directed to make reports to the keeper, as he is termed at present, and once weekly to enter their remarks, signed, in a register, according to forms given in the schedule: which must be afterwards exhibited to the inspectors. An account of all monies received from asylums, and expenses incurred, is transmitted by the sheriff to the County Commissioners of Supply. Besides which, he ought also to send a statement of the number of asylums in his county, and of the names, amount, and description of persons therein confined, to the Clerk of the High Court of Justiciary, as also to the College of Physicians at Edinburgh.

Inspectors of asylums are elected by the College of Physicians of Edinburgh, and the Faculty of Physicians and Surgeons in Glasgow: each of these bodies appointing, annually, four of their ordinary resident members to that office. From amongst these, the sheriffs of Mid-Lothian and Lanark may employ any of the so elected gentlemen, within their respective jurisdictions. In other counties, sheriffs can choose for inspectors physicians legally qualified to make such inspection, unless local or other circumstances render that proceeding inexpedient. Justices of the Peace may also appoint, at the Michaelmas quarter sessions, three of their number to visit and inspect any private or public asylum, within their own county, and to report annually "there-anent." Ministers are also empowered, with written consent of the sheriff, to visit madhouses within their parishes: although the keeper may refuse them admission, if he thinks such visit would be prejudicial to the patients. Then, he must always enter this refusal, and its cause, in the register. In addition to the above regulations, provision is likewise made for the Procurator-fiscal of the county to enforce the acts now existing, and to recover all penalties incurred by parties contravening the law: which sums, like those received for licences, form part of the *Rogue money*!

The above constitute the principal laws in reference to institutions for the insane, and the admission or confinement of lunatics therein. Other minor regulations might be mentioned, but it is considered unnecessary. Nevertheless, before proceeding with my Notes respecting the lunacy laws, and public asylums in Scotland, I must beg permission to add to previous legal observations that, there are various degrees of aberration of intellect recognised by lawyers in North Britain. These may be divided into two classes. The first comprehends every person who is, in judicial language,

“*fatuous*,” and naturally an idiot, or furious mad, and a lunatic; or whose external senses are so imperfectly organized, as to render the party implicated totally unfit to undertake and superintend the independent management of him or herself, or their affairs. The other division includes those persons who, although not so devoid of reason as to be absolutely incapable of acting for themselves in the minor duties of life, are yet, from imbecility or weakness of judgment, considered by the law fit subjects for a limited degree of restraint in matters of importance. The remedy in the former case, is to place the fatuous or furious person under permanent and unlimited “*curatory*.” The proceedings in the latter example being “*interdiction*,” as it is denominated; by which, lavish and facile individuals are disabled from signing any deed to their prejudice, without the previous consent of their appointed interdictors.

Now to enter into any lengthened discussion respecting the above forensic questions, would be rather incompatible with the chief purpose aimed at in the present communication: therefore, I will only here briefly observe, when thus bringing several important features characterising the lunacy laws of Scotland, before professional readers, that, one of the principal objects proposed, among others, was to notice briefly a procedure in that portion of Great Britain, which has many recommendatory reasons for its adoption, namely, from being applicable to individuals not certainly altogether sane, but yet quite incompetent to manage their own business, without some efficient control. Interdiction here adverted to becomes truly a kind of *mézzo termine*, as it might almost be called. Being, in fact, something like that peculiar issue designated in the criminal law of Scotland, a “*non proven verdict*.” Upon the above legal proceeding, prevalent North of the Tweed, in reference to imbecile persons, one or two general observations seem advisable, with a view to induce subsequent discussion by legists and psychological physicians.

This system of interdiction, according to Scottish legal authorities, constitutes a species of restraint provided for those who, from weakness, facility, or profusion, are liable to imposition. It is directed at the option of the Judge, or Lord Ordinary at Edinburgh, on proper evidence proving the facility of the person arraigned: or is voluntarily imposed by the party applying for such protection. Hence the distinction into voluntary, and judicial interdiction. A sentence of judicial interdiction is pronounced, either in an action at the instance of the prodigal's heir, or his next of kin: or “*ex proprio motu*” of the judge, during a suit in court. This latter kind of interdiction can only be removed by the authority of the court. Voluntary interdiction, again, is the act of a party applying; but after bond has been once executed, individuals so interdicted cannot withdraw it by their own hand.

The person who, from being conscious of mental facility, thus lays him or herself under voluntary restraint, signs a bond, whereby the granter comes under an obligation to execute no deed which may effect heritable estate, without the consent of certain individuals therein specially named. This form of interdiction may, however, be legally removed:—1. By a sentence of the Court of Session at Edinburgh, either on the ground that, such a proceeding was originally unnecessary, or, that the party has, since the bond was executed, become “*rei sui providus*,” as so expressed by jurists. 2. Without judicial interference, it may be quashed by the joint act of the interdicted party and interdictors. 3. And lastly, where a quorum of interdictors is mentioned, the restraint ceases, if by death or otherwise, the number becomes reduced below the denominated quorum. Such are at present the chief characteristics in reference to interdicting any facile or insane person residing in Scotland. Nevertheless, I would here add that, this procedure is now more rarely adopted than formerly; the course usually pursued, of late years, being the appointment by the Court at Edinburgh, of a “*Curator bonis*,” speaking judicially.

Prior to admitting a lunatic into any public asylum in Scotland, some relation or friend entitled to perform such acts, must present a petition to “The Honourable” the sheriff of the county, wherein the asylum is situated, or to his substitute: which “humbly sheweth,” the afflicted person then designated is in such a state of mental derangement, as to require treatment in a lunatic institution. This document must be accompanied by one medical certificate. Having considered such petition, the sheriff may at once order the party’s admission. In short, this formality—for it is virtually nothing else in most cases—treats the maniac like an accused pannel on trial, instead of a suffering invalid afflicted by mental disease, requiring medical aid and benevolent superintendence. Certainly, not a judicial decision thus promulgated, as if by some legal tribunal. Unless in reference to delinquents contravening the laws of property or persons, similar applications to sheriffs should never be required. Proper medical certificates are all that is necessary, in ordinary cases of insanity: and upon these managing committees should alone decide respecting a patient’s admission.

When any criminal lunatic is consigned to a public asylum, then a judicial warrant becomes essential: but otherwise it seems superfluous, and may be discontinued. In England no authority of this description is required; where, it cannot be asserted any evil consequences ever ensue, because lunatic patients are admitted, for instance, into Bethlem Hospital, without the sanction of a Judge, or even the police magistrate. As controller and official visitor of every lunatic establishment, within his own jurisdiction, there could

not be a more appropriate supervisor than the sheriff: who, being the highest legal authority in every county, ought therefore to possess that power to its fullest extent. Such supervision becomes most beneficial. Consequently, believing the sheriff's warrant unnecessary, excepting in criminally accused lunatics, I would recommend there should be invariably *two* medical certificates, stating far more minutely than at present, not only the opinion of the gentlemen signing, but the chief symptoms inducing them to conclude the party is insane: and that not so much from mere belief, as actual personal knowledge. These particulars every medical practitioner should certify like an ordinary declaration, and in common language, not "*on soul and conscience*:" which words the printed form used for that purpose constantly contains. Feeling great repugnance to employ similar expressions, when writing medical opinions, and thus taking an oath, whilst performing only ordinary professional duties, I would strenuously advise the phrase now quoted to be expunged by future legislation: considering it both misapplied, and highly objectionable. This opinion refers quite as strongly to ordinary certificates, which physicians or surgeons are sometimes called upon to give, respecting the health of persons they may attend professionally: since these documents must likewise contain the phrase "soul and conscience." In all cases it ought to be sufficient, if the person signing certifies any fact, like a man of honour and a gentleman. He invariably expresses truth on every occasion, whether simply by word of mouth, or in *litera scripta*.

My chief object being, when drawing up these remarks, to give a brief account of the asylums inspected and their present condition, quite as much as to discuss minutely the laws affecting lunatics, it may perhaps therefore appear somewhat out of place, now to enter into any lengthened disquisition upon the latter subject. Still, in the early portion of this communication, having enumerated the Acts of Parliament by which these establishments are governed, and how the insane should be treated, speaking in a legal sense, there is one point in reference to single lunatics deserving consideration. I here allude to the clause in the statute of George IV., whereby it is enacted that "no person, *except a relative*, shall receive any one insane patient, without a sheriff's order and certificate." According to this enactment, relations may retain lunatics at home, and thus exempt them from legislative interference. To exemplify the manner this exemption occasionally works, one deplorable case that recently occurred in a rural district in Scotland may be mentioned, and of which I am cognizant, having myself seen the individual. The subject referred to was a young man, in whose family insanity seemed hereditary. Having become attacked with mania, the relatives sent him to an asylum: where, after a short residence, his attack was much ameliorated, and ultimately the improvement

appeared so decided, that he was removed home. There, however, having soon got worse, his father and brother, being unable to control this now furious maniac, and at the same time to attend their own out-door occupations, generally tied the poor fellow with ropes, then laid him on a bed in an empty room, and often on his back in the garden, where he remained until they returned in the evening. This cruel proceeding becoming notorious in the neighbourhood, a benevolent gentleman took up the case: but he encountered great difficulty in persuading the parent and brother either to alter their conduct, or to send the unfortunate lunatic again to an asylum. No law could compel these parties. No stranger, nor even a medical man, possessed the right to interfere: This patient had never committed any criminal act; and none of the local magistrates were made aware of the circumstances. In short, nothing could be done without meeting many obstacles: until at last, both by persuasion and even threats, on the gentleman's part—already mentioned, this ill-used, most violent, and dangerous maniac was again replaced under proper management in a public institution. Were the laws more stringent respecting single patients, painful cases, like the above would then be more easily remedied, than at present seems possible, according to legal formalities.

2. ADMINISTRATION OF ASYLUMS.—Respecting public Asylums for the Insane in Scotland, I would now make some remarks in reference to their present management, as also on several points which deserve discussion. These are neither of magnitude nor importance: since most Scottish institutions deserve commendation in many essentials, and have kept pace in the onward march of improvement, fully commensurate with modern civilization. Nevertheless, all cannot be held up as models for imitation in every respect. Nay, according to my humble judgment, some appeared open to criticism in one or two phases, which consequently require amendment. The observations about to be made will, however, I hope, be received in the sense they are intended—namely, like mere suggestions expressed solely with a view to renovate, as it were, those defective movements which are occasionally observed in old physical constitutions, or antiquated corporations.

However, before entering upon the points subsequently mooted, I must premise that, the medical officers of every institution visited, seemed all actuated by the utmost zeal to promote the welfare and comfort of those afflicted human beings committed to their superintendence. Should defects exist, it is not their fault if these continue unremedied. Errors of construction are not easily amended. Mistakes in legislation, or erroneous rules relative to general management, they cannot always correct; seeing laymen sometimes improperly interfere, even with medical questions. Still, it would be unjust to deny that, generally, Asylum-managing committees are actuated by the same benevolent motives influencing

resident officers,—namely, to advance by every possible means the material comfort of inmates, and to improve the institutions under their control, by adopting judicious amendments.

Regarding the official staff in lunatic establishments, it struck me, however, when considering the matter, that at several, some change in their position might be made most advantageously. For instance, the medical superintendent should have more administrative power than he often possesses, and be also better remunerated than sometimes happens. He ought to exercise *paramount* authority in everything appertaining to the management, and moral, medical, or physical treatment of patients. He should likewise attend all meetings of managing committees, although without the privilege of voting—from being a salaried officer—in order that, he might give his opinion respecting the admission of new patients, or upon any professional questions which then arose: as also to prevent all future misunderstandings. The matron—who is sometimes too highly salaried, in relation to other officials and her actual position—appears frequently not sufficiently subordinate. This objection has been felt elsewhere; and in France, for example, where they manage many things often so well in lunatic asylums, a lady matron is almost unknown. Throughout Scotland, as also in England, sufficient attention is not invariably paid to their qualifications in the character of housekeepers, head attendants, and as sick nurses; when the governors select for appointment this occasionally rather too self-important personage.

Some institutions have consulting physicians; but other establishments are without such medical attendants. The system must be uniform: and there ought invariably to be both a consulting physician and surgeon, whenever possible. These officers being called in consultation respectively, at the discretion and request of the medical superintendent: for which duty they ought to be remunerated liberally. There should further be always two resident medical officers in every asylum; one being the assistant, and subordinate to the resident physician. Besides which, but particularly at large establishments, I would appoint resident pupils, or “internes,” as usually prevails in France. This constitutes one of the many good features characterising various public insane asylums of that country.

Every building for the reception of lunatics should be disconnected with any other public establishment, whether infirmary, dispensary, or poor-house. Even in lay management, it is desirable that no kind of union obtains: much less any physical conjunction. Wherever this system exists, it may well be altered as unsuitable; from being apt to become, in various conceivable ways, disadvantageous to the lunatic institutions so situated.

The two departments for private and pauper patients—very common in the public asylums of Scotland—as likewise the accom-

modation supplied in each of these divisions, must be properly distinguished, and always separate. Farther, the classification of inmates requires to be made, in the first place, more with reference to the phase of their mental malady, and less as to the pecuniary allowance received. This desirable object may not be always possible in limited or old constructed dwellings; but henceforward, at every new asylum, which shall admit patients belonging to various social grades, special attention ought to be directed towards attaining separate buildings, like those now at Morningside, having gardens attached: instead of making—which occasionally happens—a common class, composed of the poorest private patients and pauper inmates. In truth, the educated and refined should never be indiscriminately mixed among the debased and unpolished, when afflicted with such a calamity as poverty, conjoined to mental alienation. I would further remark that, the impression produced on my mind, whilst visiting particular asylums was, the distinctions adopted amongst patients sometimes appeared too much based on a system of money classification—each inmate deriving advantages according to their respective payments. Hence, individuals paying similar rates, although in a different mental condition, were often associated together, irrespective of their nosological peculiarities.

At an asylum I lately inspected abroad, a totally opposite method was adopted: but which, however, carried the treatment too far the reverse. Patients in that establishment were usually classified according to their diseased mental condition, so that inmates paying a high board became associated with those of a lower scale; the chief advantages obtained by the higher-paying classes being a better kind of fare, in the same dining-hall with the others, and from having superior furniture in their private apartments. This mode of classification, though better in some respects than the Scottish system, has, nevertheless, a tendency to depreciate the condition of the upper class, by making them live, while in a similar mentally weak condition, with persons often of inferior education, of different habits, and varied acquirements. Both plans seem disadvantageous; but a combination of the two would be followed by fewer objections, in comparison, with the one usually adopted in North Britain.

At those Scottish asylums, wherein an inmate's board is paid quarterly, and in advance, some relaxation seems necessary in regard to the stringent rule now in operation, with reference to these money questions. It may be often very proper, when a new patient enters that, the first payment should be anticipated; but it looks rather like sharp dealing, if not implied injustice, wherever a law exists like the following:—

“ When any patient is removed, or dies before the close of a quarter, the committee shall have power to decide whether any, or what portion, of the sum advanced for board may be refunded.”

Such legislation seems, at least, unworthy of all respectable institutions. Whereas, in these cases an equitable proportion ought to be refunded, as a matter of right, without, of course, any petition or formal application by relatives, the more so, if they are in poor circumstances.

So much of all pre-paid boards which did not seem fairly required the time passed in the asylum, up to a patient's death, should be returned if demanded. Carrying into effect the proviso now quoted, sometimes proves very annoying to officials and others, who come in contact with the friends and connections, especially of deceased patients; whilst in some cases it may cause—as, for example, with convalescents—the patient being removed too quickly, owing to the arrival of quarter day. Besides, it may even occasion a longer residence than is desirable, in consequence of three months' farther board having become payable.

Instead of the above proceeding, an invariable regulation should prevail, that a patient's discharge may take place, at any time thought advisable by the resident medical superintendent, without pecuniary loss arising to the party, but not according to the practice now prevalent: namely at the end of each term. The board of private patients should likewise be paid as it is charged—viz., by weeks, and not quarterly.

Notwithstanding the brief notice in former pages, apparently censuring some regulations now in force at particular institutions: readers must, however, always remember that it was in Scotland, where one of the earliest public asylums for the reception of lunatics, and improved treatment of mental diseases, was first founded, throughout the entire United Kingdom. Besides this creditable distinction, when contrasted with other countries, it should likewise be recollected that of late, considerable progress has been made in their management, highly honourable to many official functionaries. Indeed, I can justly say, in addition to occupying, amusing, and physically treating insane residents, in a manner very superior to the system pursued during former times, the intellectual culture of such patients—often previously much neglected—has been materially advanced; not only greatly to the lunatics' present comforts, but also their future advantage, when discharged from the asylum. Hence, these proceedings reflect considerable credit on the gentlemen by whom such praiseworthy tasks—often most beneficial—are undertaken.

3. FRENCH LUNACY REGULATIONS.—Believing some allusion to the chief rules whereby public asylums for the insane throughout France are at present governed, and the laws affecting lunatics may be interesting: as likewise, the proceedings necessary previous to a patient being admitted into such establishments, before concluding these Remarks, one or two brief observations will, it is hoped, be neither considered out of place, nor irrelevant to the

legal questions I have discussed, in various paragraphs of this communication.

In order to give an outline of the existing lunacy cases in that country, I would therefore observe that, by the Act of the French legislature, dated the 30th June, 1838, each Department is obliged to provide a public establishment, especially destined for receiving and treating lunatic patients belonging to the district; or to arrange, under the Minister of the Interior's sanction, with a public or private asylum in the same or a neighbouring Department, to admit their insane paupers. It is, however, permitted in certain cases to appropriate a separate division, in civil hospitals, for lunatics, should there be sufficient accommodation for not less than fifty patients. As every lunatic establishment is now placed under the direction of the Préfet of the Department, the President of the Tribunal, the local Procureur imperial, Judge of the Peace, and Mayor of the Commune, and as the institution must be visited by the Procureur of the Arrondissement, at least every six months (in addition to visits made by the Préfet, with any other official persons delegated by him, or the Minister of the Interior), there is some guarantee the asylum will be properly conducted. Besides these regulations, before an establishment can be opened for the admission of insane patients, all rules for their internal administration must be approved by the Minister, prior to being put in force. By another clause of the same Act, it is expressly forbidden for any person to establish, or even to superintend a private insane asylum, without government authorization. Further, in such cases, it is also enacted that, every house—intended for the reception of lunatic patients—should be entirely separate from any private establishment receiving inmates affected with other diseases. Lastly, the Procureur of the Arrondissement must officially visit every private asylum in the district: at least once in three months, at undetermined periods.

According to King Louis Philippe's ordonnance, of the 18th December, 1839—which regulates many details not comprehended in the previous Act of 1838—it is ordered that, every public asylum for the insane shall be administered under the authority of the Minister of the Interior, and the Préfet of the Department, assisted by a commission, acting gratuitously, of five members, and appointed by the Préfet. The Director of such establishment, as also the Physicians—both chief and assistants—in the first instance, are nominated by the Minister; but if vacancies afterwards occur, the Minister appoints from a list of three candidates proposed by the Préfet. However, some modification has been recently made respecting these employments, although in effect the chief patronage still remains with the Minister: since he may add certain parties, of his own free will, to the list of candidates, and then nominate his favourite to any vacant office. Besides, as the

Minister may revoke all appointments of director and physicians, upon the report of the Préfet; as he settles the salaries of officers; and farther, seeing the Préfets are only Government servants, by whom they are appointed, and at whose pleasure they retain their offices, the Minister of the Interior becomes, in fact, the sole dispenser of every important appointment attached to the public insane asylums in France; much in the same way as the Minister of Justice possesses all legal patronage. Although the principal physician must reside, according to this ordonnance, within the asylum, he may nevertheless, through favour, obtain a special permission from the Minister, to live elsewhere. In that case, however, he ought to visit the lunatics confided to his care, at least once every day: and, if prevented, this duty must be performed by a resident physician.

The above constitute some of the chief rules and orders respecting public insane asylums. But when any person is desirous of obtaining a licence to open a private establishment, such applicant must petition the Préfet of the Department in which the proposed institution is situated, to whose satisfaction it should be proved that, he is twenty-one years of age, and in the enjoyment of all his civil rights: that his conduct and morals have been good during the three previous years—as shown by the certificate of the Mayor of the Commune in which the party has resided; and lastly, that he is a Doctor of Medicine. Nevertheless, in cases where the petitioner does not possess that qualification, he may then produce an obligation from some physician who engages, with the Préfet's approval, to undertake the medical duties of, and to reside in, that asylum; but as the Préfet can at any time revoke this nomination, it is not likely the treatment of such patients will be much neglected. To these details respecting the constitution and ordinary government of public and private insane establishments throughout France, I will only add that, besides the official persons previously mentioned, there are also two Inspectors-General of all the lunatic asylums in the Empire, with one adjoint Inspector: whose special duties, amongst others, are to visit and report to the Minister of the Interior, in reference to the management, or otherwise, of the insane; and everything of importance connected with similar establishments.

By the present lunacy laws of France, there are two classes of patients in establishments for the insane: namely, 1, voluntary; and, 2, those designated *d'office*. Regarding the former, or voluntary patients, prior to being admitted into an asylum, a petition is presented to the authorities by some near relative of the party considered a lunatic. This document must be accompanied by the certificate of *one* legally qualified medical practitioner, who states the patient is insane, and requires confinement in an asylum,—the characteristic features and chief symptoms of the mental malady being specially mentioned. In addition to these essential

requisites, the medical certificate ought not to be of longer date than fifteen days previously; and it will not be received, if signed by any relation of the patient: or, where the party signing is a medical officer at the establishment, to which the lunatic will be consigned. This formula, however, may be dispensed with in very urgent cases, where the individual's safety, or that of the public is compromised: if remedied by subsequent proceedings. After the patient's reception, every paper respecting the case in question must be transmitted, within twenty-four hours, to the Préfet of the Department.

In reference to judicial lunatics, or those technically classed *d'office* cases, the Préfet, and certain public officers, may order the admission into an asylum of any interdicted or non-interdicted person, considered as actually insane, in order to receive proper treatment. He may also similarly confine an individual, whose mental condition, or state of alienation, compromises public order, or the safety of the community. Further, in cases causing imminent danger to the public peace—provided the fact is attested by an authorised medical practitioner, or even from general notoriety—a Commissary of police, or the Mayor of an Arrondissement, may place such dangerous lunatics under restraint; but these examples must be immediately afterwards reported to the constituted officials, who make additional inquiries, if deemed necessary, and act accordingly.

Such are the preliminaries considered essential, when consigning lunatics to an asylum. Previous, however, to that step being taken, some remarks respecting the procedure usually adopted, with regard to private patients alleged to be insane, may not appear altogether supererogatory on the present occasion.

When any individual is suspected to labour under an attack of mental disease, especially if moving in the middle or upper classes of society, instead of proceeding as in England under similar circumstances, a *Conseil de famille* assembles, who see the party implicated, examine the whole case, and then draw up a *procès verbal* of the facts, for the *Procureur imperial*. This judicial authority now orders two medical practitioners, authorised to perform such duties, to visit the party separately, take evidence, and afterwards forward him their opinions. On these documents that magistrate pronounces his judgment: when the patient is either sent to an asylum, or otherwise treated, as he may decide.

Although the above mode may be usually followed in ordinary cases, sometimes more summary measures can be adopted with persons, in whom an attack of insanity has suddenly supervened. For instance, should a legally qualified medical practitioner think any patient, then under his care, is actually insane, and dangerous to others or himself, he may at once convey the party to a *maison de santé*, and there leave him along with a certificate of insanity,

containing full particulars. The proprietor of the institution thus selected immediately forwards a statement of every fact therewith connected to the Inspector-General of Lunatics, who subsequently sends two physicians to examine the patient separately, and to report specifically respecting the case, with its attending circumstances: upon which that officer then makes his decision.

Many examples might be here detailed, to illustrate the application of this latter form of proceeding, but I will only now subjoin an outline of three cases which actually occurred to a professional friend of mine practising in Paris. 1. A British peer called one morning to consult that gentleman respecting his health. Having described various symptoms, it became very evident the party had lost his reason. This suspicion was soon fully confirmed by the Noble Lord producing a bowie-knife, with which he threatened to kill an individual then named. After some parley, the physician induced his Lordship to take a drive, as if for recreation, and thus carried him off to a *maison de santé*, where he was safely lodged with a proper certificate. The inspector-general having been speedily informed of the occurrence, ordered two sub-inspectors to investigate and report their opinions. Every legal formality being rigidly complied with, and as the nobleman so confined was found to be unequivocally insane, he remained under treatment until discharged convalescent. 2. This instance occurred in an Irishman, who had taken the pledge to abstain from intoxicating drinks in Ireland. To quiet conscience, and not to violate any promise, a visit to Paris was undertaken. There, however, the individual lived so freely that delirium tremens ensued, which soon required medical attendance. As no doubt existed respecting the attack, or its appropriate management, my medical informant speedily transferred his patient, much in the same manner as the previous person, to a *maison de santé*, in which he was placed with a certificate of insanity properly filled up, and where he stayed till recovery. 3. The third example also occurred in the "*clientelle*" of the same practitioner. One evening he was sent for to a neighbouring Café to see an Englishman, then labouring under delirium tremens, and very furious. Fortunately, Mr. Forrester, the London police officer, was residing in the house: who, being accustomed to manage physically dangerous customers, seized this party under the physician's directions, pinioned him in such a manner as to prevent further mischief, and afterwards transferred him, then raving mad, to a *maison de santé*. There he also continued till cured: the proper formalities having been complied with, as in the other two cases just quoted.

No difficulty was encountered, nor did injurious delay occur in any of the three patients whose history has here been briefly related, in order to describe the procedure which can be legally adopted in France, when insanity suddenly supervenes. Neither is

such contingency probable, wherever persons so affected have become dangerous, either to themselves or the community. In this way also, no time is lost, unnecessarily, before placing similar examples under judicious superintendence. Consequently, in these kind of cases; or, again, when a *Conseil de famille* has assembled to investigate the condition of any alleged lunatic, whose mental affection appears doubtful, or seems of a more chronic character; much advantage often accrues, from adopting either measure here specified. Friends or attendants are certainly not so apt to suffer personal injury and violence, where furious maniacs can be at once thus easily, yet legally, transferred to places of safety, and thereby receive appropriate treatment. Such proceedings prove, besides, always highly beneficial to the patient. Further, public scandal, and all unpleasant discussion respecting the private affairs or strange conduct—often originating from disease,—of insane individuals, especially if moving in the upper classes of society, will be effectually obviated. This most undesirable result being, all must admit, rather frequent in England, when an investigation *de lunatico inquirendo* becomes instituted before legal tribunals; while untoward consequences much more likely happen, if that judicial proceeding has reference to any party possessed of property, or then occupies an elevated station in the fashionable world.

Should any alterations or amendments be proposed in the existing lunacy laws of Great Britain, the brief allusion now made to different procedures prevalent in France, regarding the confining and treatment of lunatics in that country, may be advantageously taken into consideration, especially the various instructive facts I have narrated, and which, to my mind, well deserve mature deliberation. With that object in view, previous statements were brought under the notice of English medical jurists and psychological physicians, who doubtless will admit that, in some features, the legal formalities followed by our neighbours across the channel appear worthy of imitation. Numerous arguments might be advanced in their favour; whilst some being found to work well in practice, they ought to be adopted. At all events, in many respects, such proposals merit much commendation: certainly, if contrasted with analogous legal proceedings in England, which are often, not only very dilatory in their progress, but exceedingly expensive. These, hence, prove both detrimental to the afflicted patient, as also frequently most annoying to parties interested in similar inquiries. In France, the ordinary results seem quite otherwise. Therefore, the modes there pursued possess advantages, which might profitably occupy attention in the British Legislature.

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